

874

**LOBBYING REGISTRATION FORM**

To be used for initial registration and renewals.

**FOR OFFICE USE ONLY**  
 Postmark Date: 30-06-03

R  
JAH 06/04/03  
100-1000  
FSD

**Instructions**

- Please print clearly.
- Fill out completely and return with \$10 registration fee to the Board of Ethics, 200 North Plaza Blvd., Suite 200, Baton Rouge, LA 70809-2017, (225) 923-1700, (800) 847-0630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

100-1000

1. NAME: Corbin Jeffrey \_\_\_\_\_ M \_\_\_\_\_  
 Last First Middle Initial

2. BUSINESS PHONE: 504 - 257-3738  
 Area Code and Phone Number

3. BUSINESS ADDRESS: 13800 Old Gentilly Rd. New Orleans, LA 70129  
 Street and No. City State Zip

MAILING ADDRESS: P. O. Box 29304 New Orleans, LA 70189  
 Street and No. City State Zip

4. EMPLOYER: Lockheed Martin Space Systems Company, Michoud Operations

5. EMPLOYER'S ADDRESS: Building 28 #3  
 Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in; or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name: Lockheed Martin Space Systems Company, Michoud Operations

Address: P. O. Box 29304 - New Orleans, LA 70189

Business or purpose: Aerospace

Does this person pay you? Yes

If No, who pays you? None

# LOBBYING REGISTRATION FORM

Lobbyists Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

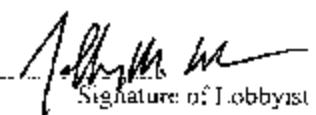
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

